

213047299
11124

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 084	Agency Case No. B3-114988	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/13/2013		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY 12/13/2013
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 2158	POLICE NOTIFIED 2203	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 13th/H St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY 13th/H St					
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	VEHICLE NO. 1					
V1/N	DRIVER LICENSE NO.	G02024041		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/N	DRIVER	MARILYN S LARSON		PHONE	4027862314	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP 14531 DANVERS ST, WAVERLY, NE 68462		DATE OF BIRTH (MM / DD / YYYY)	01/19/1954	
G	OWNER	MARILYN LARSON		PHONE	4027862314	
V1/O	OWNER ADDRESS	CITY, STATE, ZIP 14531 Danvers St, Waverly, NE 68462		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB406579	
V1/O	LICENSE PLATE	PA NO. SBU392	YEAR 2014	STATE (Of Plate)	NE	
V1/O	VEHICLE	2000	MAKE Honda	MODEL ACCORD	BODY STYLE	COLOR silver / chrome
V1/O	VEHICLE ID NO. (VIN)	1HGEJ8149YL116263		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 900	
V2/O	TOWED TO	TOWED BY		INSURANCE COMPANY	Metropolitan Casualty Ins Co	
V2/O	POLICY NO.	7730301482				
I	VEHICLE NO. 2					
V1/P	DRIVER LICENSE NO.	H13328632		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/P	DRIVER	JERICA B RYAN		PHONE	4026012148	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP 2649 S 16th St, LINCOLN, NE 68502		DATE OF BIRTH (MM / DD / YYYY)	04/01/1992	
J	OWNER	CHARLES RETHMEIER		PHONE	4024166755	
V1/Q	OWNER ADDRESS	CITY, STATE, ZIP 8310 S Cherrywood Dr, Lincoln, NE 68510		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE	PA NO. TJZ355	YEAR 2014	STATE (Of Plate)	NE	
V2/Q	VEHICLE	1998	MAKE Ford	MODEL WINDSTAR	BODY STYLE Mini van	COLOR blue
V2/Q	VEHICLE ID NO. (VIN)	2FMDA5144WBA98420		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 800	
K	TOWED TO	TOWED BY		INSURANCE COMPANY	USAA Casualty Ins Co	
K	POLICY NO.	004338954C				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
2	JERICA B Ryan	2649 S 16th St, Lincoln, NE 68502		04/01/1992	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-114988



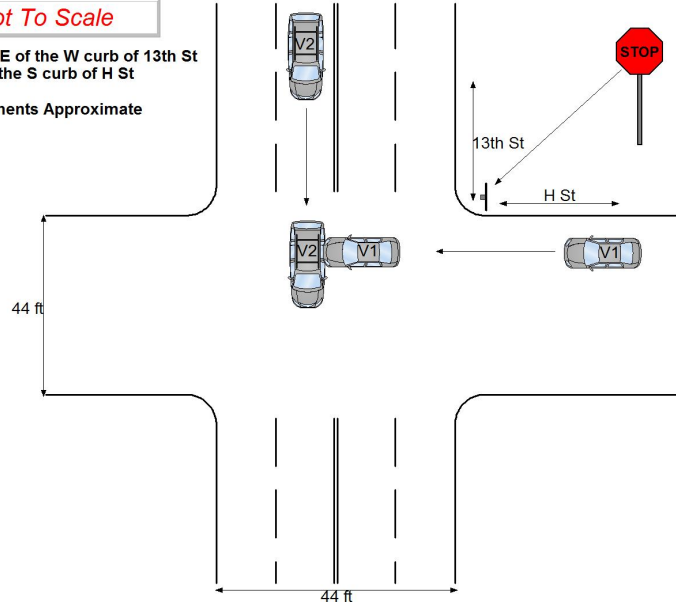
Indicate
North
by Arrow



Not To Scale

POI: 18 ft E of the W curb of 13th St
25 ft N of the S curb of H St

Measurements Approximate



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 reported she was SB on 13th St approaching H St at approx. 30mph and obsv V1 approaching 13th WB on H St. D2 believed she was going to be struck so she honked and braked in an attempt to avoid collision. D2 was unsuccessful and was struck near the rear driver side wheel after V1 violated the stop sign on the NE corner of 13th/H St. D1 reported she was WB on H St at approx. 15-20mph approaching 13th St. D1 reported she was unsure where she was at and wanted to find the route to the interstate. D1 stated she inadvertently ran the stop sign on the NE corner of 13th/H St for WB traffic and collided with V2. D1 cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2						ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		
1				X	H St	POINT OF IMPACT	01	POINT OF IMPACT	06	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		Y		Y		Y	
2	X				13th St	MOST DAMAGED AREA	01	MOST DAMAGED AREA	06	VEHICLE 2		VEHICLE 2		ALCOHOL LEVEL TESTED	N	X	N	X	N
1	01	06 Turning left 07 Making U-turn				00 None	02	03	04					BAC LEVEL					
2	01	08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				01	08	07	06					ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2		
					05 Turning right								1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		1	1			

OFFICER NO. 1708	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Kiefer Hyland		INVESTIGATOR SIGNATURE Approved by Kiefer Hyland	DATE OF REPORT 12/13/2013